

SEP 2 3 2002

TECH CENTER 1600/2900



# **Application Information**

Application Type::

Regular

Subject Matter::

Utility

Sequence Submission::

Paper

Computer Readable Form

Yes

(CRF)?::

Number of copies of CRF::

1

Title::

Diagnosis and Treatment of Vascular Disease

Attorney Docket Number::

MMI-002

Request for Early Publication?::

No

Request for Non-Publication?::

No

**Total Drawing Sheets::** 

200

Small Entity?::

No

Petition included?::

No

Secrecy Order in Parent Appl.?:: No

#### **Applicant Information**

Applicant Authority Type::

Inventor

Primary Citizenship Country::

US

Status::

**Full Capacity** 

Given Name::

Jeanette

Middle Name::

Family Name::

McCarthy

City of Residence::

San Diego

State or Province of

Residence::

CA

Country of Residence::

US

Street of mailing address::

3625 Dupont Street

City of mailing address::

San Diego

State or Province of

mailing address::

CA

Page # 1 Supplemental 10020141 12/14/01 03/29/02 Country of mailing address::

US

Postal or Zip Code of mailing

92106

address::

**Applicant Information** 

**Applicant Authority Type::** 

Inventor

**Primary Citizenship Country::** 

US

Status::

**Full Capacity** 

Given Name::

Allen

Middle Name::

Family Name::

Abelson

City of Residence::

State or Province of

Residence::

Country of Residence::

US

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

US

Postal or Zip Code of mailing

address::

## **Correspondence Information**

Correspondence Customer

Number::

000959

#### R presentative Information

R presentative Customer	000959
Number:	

## **Domestic Priority Information**

Application:	Continuity Type:	Parent Application:	Parent Filing Dat:
This Application	Non-Provisional of	60/313,097	08/16/01
This Application	Non-Provisional of	60/327,485	10/05/01

# **Assignee Information**

Assignee name:: Vitivity, Inc.

Street of mailing address:: One Kendall Square, Building 700

City of mailing address:: Cambridge

State or Province of mailing

address:: MA

Country of mailing address:: US

Postal or Zip Code of mailing

Address:: 02139